



City of Arlington, Texas  
**Environmental Services Department**  
*Commercial Recycling*



Please mail to: 101 W. Abram St., Ste. 220, Arlington, Tx 76010  
or Fax: 817-459-6585 (no cover sheet required)

## Green Team Membership Application

Company name \_\_\_\_\_

Building name \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Recycling coordinator \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Building manager \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of commercial establishment (please check only one of the following):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Office                          | <input type="checkbox"/> Bar/Restaurant          | <input type="checkbox"/> Wholesale       |
| <input type="checkbox"/> Hotel                           | <input type="checkbox"/> Manufacturer/Industrial | <input type="checkbox"/> Services/Retail |
| <input type="checkbox"/> Health Services/Social Services | <input type="checkbox"/> Grocery                 | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Condominium                     | <input type="checkbox"/> School                  | _____                                    |

Total square footage of building \_\_\_\_\_

Number of employees (full and part-time) \_\_\_\_\_

How will employees and each tenant or occupant, be notified of the recycling program in this facility?

- ☐ Letters/memorandum    ☐ Meetings    ☐ Flyers    ☐ Newsletters    ☐ E-mail

Describe how recyclables will be collected in this facility

- ☐ Custodial staff collection of desk recycle container    ☐ Employee recycling at central collection points  
☐ Other \_\_\_\_\_

Name of recycling hauler \_\_\_\_\_

Materials to be recycled:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Computer paper, white ledger            | <input type="checkbox"/> Glass (clear/brown/ green)  | <input type="checkbox"/> Used fat/cooking grease/oil |
| <input type="checkbox"/> Corrugated cardboard                    | <input type="checkbox"/> Plastics                    | <input type="checkbox"/> Auto batteries              |
| <input type="checkbox"/> Newspaper/Magazines                     | <input type="checkbox"/> Aluminum & tin (cans/steel) | <input type="checkbox"/> Textiles                    |
| <input type="checkbox"/> Mixed paper (colored ledger, envelopes) | <input type="checkbox"/> Scrap metals/appliances     | <input type="checkbox"/> Used motor oil              |
| <input type="checkbox"/> Wood                                    | <input type="checkbox"/> Other (specify) _____       |  |

Recycling pickup: Size of container: \_\_\_\_\_ cubic yards    Removal schedule \_\_\_\_\_ x per week

Additional information \_\_\_\_\_

Person submitting plan

\_\_\_\_\_ name / title

\_\_\_\_\_ signature

\_\_\_\_\_ date

### Office use only



Report submitted by \_\_\_\_\_ Title \_\_\_\_\_

Date submitted \_\_\_\_\_

☐ Letter    ☐ Newsletter    ☐ Webpage